Harbour Care (UK) Limited

The Shores

Inspection report

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Poole
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced on 30 December 2016. At the last inspection completed in October 2013 we found the provider had met all the regulations we reviewed.

There was a registered manager in post. They were also the registered manager for another learning disability care home for four people in the local area. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Shores is a care home without nursing for up to seven people with learning disabilities in Poole. There were six people living at the home at the time of the inspection.

Three people were able to tell us their experiences. Where people communicated differently we saw they were content, relaxed and free to move about the house as they wished. They smiled and laughed with staff and each other.

People received care and support in a personalised way. People had support and care plans in place. Staff knew people well and understood their needs and the way they communicated. We found that people received the health, personal and social care support they needed. People's health conditions were monitored to make sure they kept well.

People and a relative told us they and their family member felt safe at the home. Staff knew how to recognise and respond to any signs of abuse.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP. Staff knew when they should administer PRN 'as needed' medicines.

People were supported to make decisions and their rights were protected when they lacked mental capacity to make a specific decision.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People had access to the local community and had individual activities provided.

Staff were committed to meeting to people's needs and improving their lives. They responded quickly to any requests for help or support from people.

There were a range of systems in place to protect people from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment and risk assessments for each person

living in the home. Staff knew how to support people with positive behaviour support plans in place. However, this was not recorded in one person's plan. The registered manager took immediate action and updated the person's plan.

Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs. However, some staff needed specialist training to be able to support people with positive behaviour support plans. The registered manager and provider took immediate action to arrange the training for the beginning of February 2017. Staff were recruited safely.

The culture within the service was personalised. There was a clear management structure and people, relatives and staff felt comfortable raising any issues. There were systems in place to monitor and drive improvements in the safety and quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Overall, any risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good

The service was effective.

Staff had an understanding of The Mental Capacity Act 2005. There was a plan in place to ensure decisions were in people's best interests.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

Care and support was provided with kindness by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive to people and their needs.

Staff understood people's complex ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

Is the service well-led?

Good

The service was well-led. Observations and feedback from people, staff and a relative showed us the service had personalised culture.

There were systems in place to seek feedback from people.

Actions were taken in response to any feedback or shortfalls identified during quality assurance processes.

There were systems in place to monitor the safety and quality of the service.

The Shores

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 December 2016 and was unannounced and was conducted by two inspectors.

We met and spoke with and/or Makaton signed (a type of sign language) with five of the six people. One person chose not to speak or communicate with us. Two of the people we met had complex ways of communicating and were not able to verbally tell us their experiences of the service. We observed staff supporting people. We also spoke with the registered manager, the area manager, the deputy manager, and four support workers.

Following the inspection we received email feedback from one relative.

We looked at two people's care and support records in detail, three people's daily records, three people's scrapbooks and other records about how the service was managed. This included three staffing recruitment records, audits, meeting minutes and quality assurance records.

The manager completed a Provider Information Return (PIR) in November 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at incidents that the service had notified us about. We also contacted commissioners and health and social care professionals who work with people using the service to obtain their views.

Following the inspection, the registered manager sent us confirmation of actions taken following the inspection, the service's internal action plan, the overall improvement plan and staff training information.

Good

Is the service safe?

Our findings

Three people were able to tell us they felt safe. One person said, "I like living here. Feel safe don't want to move". Another person signed thumbs up when we asked them if they were safe. One person who did not use words to communicate freely approached staff and sought their attention. They readily made eye contact with staff, smiled and communicated with them by using sounds and gestures. This may have indicated they were felt comfortable and safe with staff. A relative told us they felt their family member were safe at the home.

There were posters displayed on the notice board and in office about how people and staff could report any allegations of abuse. These were supported by pictures to make the information easier to understand. All of the staff had received safeguarding training as part of their induction and ongoing training. All of the staff we spoke with were confident of the types of the abuse and how to report any allegations.

The staff and manager had reported any allegations of abuse to the local authority, police and CQC. They co-operated fully with the safeguarding investigations. Learning from safeguarding incidents was shared during staff meetings and during de briefing sessions following incidents.

Staff had received training in medicines administration. The deputy manager told us that staff had their competency assessed following completion of their training. This was repeated annually and if there were any concerns identified with a particular staff's administration practices. There were robust daily checks and audits of the medicines by staff administering the medicines. In addition the deputy manager undertook monthly medicines audits and unannounced spot checks.

We looked at the medicines storage and found that medicines were stored safely. We saw from Medication Administration Records (MAR) that medicines were administered as prescribed. Staff were able to consistently describe how, the circumstances and when they administered any PRN 'as needed' medicines. There were clear 'as needed' care plans in place. Staff and records told us there was a significant reduction in the use of any sedative medicines over the last year for one person. This was because the person was more settled, was occupied and the staff were supporting them in a positive way.

People had risk assessments and plans in place for: specific health conditions, access to activities at home and in the community, epilepsy management and behaviours that may require a positive response from staff. For example, there were positive behaviour support plans in place for people who needed them. We observed staff managing an incident that needed them to provide a positive response to one person. Staff calmly and consistently managed the situation. All staff we spoke were clear as to how they needed to respond to the person when they presented behaviours that could challenge themselves and others. The staff team were working closely with the person's learning disability nurse to review the increase in their behaviours that needed a positive response from staff. However, some of the positive responses being used by all staff had not been included in the person's care plan and four new staff had not yet received any training in positive behaviour support. Although all staff knew how to respond, this potentially placed both the person and the staff at risk of injury or harm. The registered and area manager took immediate action

and sent us the updated care plan and arranged for staff to have the training by the beginning of February 2017.

We looked at the staffing rotas, spoke with people and staff and they told us there were enough staff to meet people's needs. A relative told us their family member received the one to one support they needed and they were mostly supported by staff that knew them well. We saw that people received the care and support they needed without waiting. Staff responded to people's verbal and non-verbal requests quickly. The manager told us that staffing was calculated on people's individual needs and they ensured that where people were funded for one to one or two to one staffing this was provided. Each day staff were allocated to work with specific people. Where people actively sought the support of specific staff members this was supported were possible.

We looked at three staff recruitment records and spoke with two members of staff about their own recruitment. Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. In addition all new applications included an on line personality test to ensure new staff had the personal attributes to work with people with learning disabilities and complex needs. This made sure that people were protected as far as possible from staff who were known to be unsuitable. However, two staff members' recruitment records at the home did not include their full work history. This was held electronically by the provider's human resources department. This was sent to the home following the inspection.

There were emergency plans in place for people, staff and the building maintenance. The fire procedure poster that was supported by pictures was displayed on the notice board and in people's bedrooms. In addition to this there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment. A member of staff was employed to keep up with general maintenance and repairs across the provider's homes in the local area.

Good

Is the service effective?

Our findings

We saw that overall staff had the skills and knowledge to effectively support and care for people. A relative told us their family member had complex and changing needs. This unpredictability meant that staff support and skills needed to be flexible. They told us that together with staff they planned interventions, strategies and opportunities for their family member. They included staff were prepared to try many approaches and theories in trying to provide effective support for their family member, and that managers were always willing to draw on the skills available in the organisation.

Staff completed core training, for example, infection control, moving and positioning, epilepsy, safeguarding, fire safety, health and safety and food hygiene. However, four staff had not yet attended positive behaviour support and physical intervention training. This shortfall meant that staff may not have the skills and knowledge to safely support people who had behaviours that required a positive response. The registered and area manager took action to ensure this training would be provided by the beginning of February 2017. In addition staff who had not been trained would not lone work with people who had positive behaviour support plans in place.

Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. New staff were completing the care certificate which is a nationally recognised induction qualification. In addition they were required to complete electronic on line training within six weeks of starting work.

Staff told us they were well supported and that following any incidents where people needed any positive responses they had debrief sessions. One staff member said, "Debriefing is amazing. They are the best things". Staff had one to one supervision sessions and annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. There were systems in place for monitoring and ensuring any conditions set by the authorising authorities were met. The manager had systems so they knew when people's DoLS expired and by what date they needed to make any new applications.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about this and making decisions that were in people's best interests.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. For example, a mental capacity assessment and best interests decision had been made for one person in relation to the use of a sedative medicine prior to them having a blood test and attending a medical appointment. For another person, mental capacity assessments and best interests decisions had been made in relation to medicines, finances and using physical intervention when changing a dressing on their foot. However, the best interests decision in place in relation to using physical intervention was no longer needed as the wound had healed. The registered manager took immediate action and removed the documents from the person's current care plans.

Staff sought consent from people before care and support was provided. Each person had a 'decision making profile' that clearly set out what decisions they could make and how the person made decisions including what body language, Makaton signs and or words they used. These profiles also included when staff would need to consider undertaking a mental capacity assessment and best interest decisions for the person.

People's nutritional needs were assessed, monitored and planned for. People were weighed monthly dependent on the risk for each person and whether they wanted to be weighed. Action was taken if their weight changed significantly. For example, one person had unexpectedly lost weight and they had been referred to the GP for further tests and to the dietician. Another person's food and fluids were monitored on a daily basis to ensure their weight remained stable following previous weight loss and referral to the dietician. A third person told us they were watching their weight. The person checked their care records and sought reassurance from staff who confirmed and reassured the person that their weight was stable.

People told us they were happy with the food at the home. People took it in turns to choose the main evening meal by using photographs of meals. If anyone did not like what was chosen an alternative meal was cooked. People told us had enjoyed trying new foods particularly those from different cultures and cuisines. A relative told us their family member had benefitted from taking part in the different cultural days organised by staff from different countries. They included their family member had enjoyed cooking the foods and planning the meals.

People had free access to the kitchen and helped themselves and asked for staff support to prepare what they wanted. For example, one person who did not communicate verbally went in to the kitchen fetched a tin of spaghetti and gave it to staff when they wanted a mid-morning snack. They Makaton signed 'please' and staff immediately responded and cooked the snack for the person.

People had health care plans in place and they also used yellow health books to record any health professional visits and appointments. These are health records that are supported by pictures so that they are easier for people to follow.

People's health conditions were closely monitored and procedures were followed as detailed in their care plans. People had access to specialist health care professionals, such as community mental health and learning disability nurses, dieticians, and specialist consultants. People had regular dental and optician check-ups.

A new kitchen had been fitted and people told us they had been asked about the décor and colours in the kitchen dining room. Staff used a 'social story' to explain to people about the kitchen being fitted. 'Social stories' are a way of explaining a situation or event in a way people can understand by using pictures and a comic strip style dialogue. People's bedrooms were personalised and communal areas reflected that it was the people's home with photos and pictures they had chosen. One person showed us their bedroom and

that it had been painted. They told us they had chosen the colours and the curtains. A new decking area had been built in the garden so it was more accessible for people. This was in response to feedback from feedback from a relative.

One relative raised concerns about the lack of quiet space areas for their family member since more people with differing needs have moved into the home and that there was a small lounge that was not routinely used by people.

Good

Is the service caring?

Our findings

People told us and we saw staff were caring and had a genuine affection for the people they supported. One person said, "I'm very happy at The Shores, I like all the staff". A relative told us, 'Staff are exceptionally caring and compassionate, I do observe interactions and have no concerns.'

There was a relaxed friendly atmosphere where people freely chatted and approached staff no matter what they were doing. There were lots of smiles from people and staff encouraged people to chat and interact with each other. For example, when one person who did not communicate with words was gesturing and trying to show another person some photographs, staff drew this to the attention of the other person. Staff explained to the other person what the person was trying to communicate with them. The other person then responded and talked to the person who became very animated and pleased that they had got a response.

We saw and people told us that staff respected their privacy and dignity. Staff supported one person with personal care discreetly and sensitively. Staff knocked and asked permission before they entered people's bedrooms. People were able to lock their doors when they wanted privacy. A relative told us that their family member's privacy and personal space was respected when they locked their bedroom door. They included that in order to balance their family member's privacy a best interests decision had also been made in relation to them having regular checks whilst in their bedroom if they were upset or unsettled.

People's independence was promoted. People and staff cleaned the house together they laughed and joked with each other whilst they were doing it. One person dusted the living areas and later on two other people fetched the cleaning equipment and cleaned the mirror in the lounge together.
One person had a mini food preparation area in their bedroom so they could prepare snacks. Their relative told us this had enhanced their family member's independence and improved their skills. Two people told us that they were looking for some work opportunities and that staff were helping them with this. During the inspection one person suggested to their key worker

People told us their relatives and friends were free to visit when they wanted. A relative told us there was a mutual respect between themselves and the staff. They said that staff kept them up to date with important information about their family member where appropriate.

Some people had a planning for the future plan that considered any end of life wishes. One person's had been completed following consultation with their parents.

Good

Is the service responsive?

Our findings

During the inspection all of our observations showed us that staff were very responsive to people's needs. Staff responded to people's verbal and non-verbal gestures and communication which included some Makaton signs. They were very knowledgeable about people's communication and were able to explain how people let them know if they wanted anything. People had a communication dictionary that detailed how they communicated. This included a description of any sounds, gestures and signs they used. For example, one person would fetch a cup when they wanted a drink. New staff told us existing staff always explained people's communication of they did not understand them.

One person who was a little unsettled and anxious decided unexpectedly that they wanted to go out for a walk. Staff responded immediately and organised to go out with the person. They quickly organised things between the staff team so there were two staff to accompany the person who needed two staff to support them in the community. They kept the person informed whilst they were arranging things. The person returned from their walk much more relaxed and remained calm for the remainder of the day.

People had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. Staff and people set goals for each person. Where people were able to understand their written plans and goals they had signed to agree to them. These goals were reviewed with the person on a monthly basis. Where people were not able to participate in these reviews their family members or representatives were consulted.

People's care records included their life history, important relationships, how they communicated their strengths, things they enjoyed and things they didn't like. People's care plans were personalised and focused on them as individuals. People's support was planned proactively and in partnership with them. Staff had signed to show they had read and understand people's care plans. We saw staff supporting people as described in their care plans.

People had started to keep a scrapbook they completed monthly with staff. They included photographs or information that showed what they had been doing that month. For example, one person showed us their scrapbook for the previous month. There were photos of them Christmas shopping and helping out at the local foodbank. They said they liked having the scrapbooks because they could remember and see what they had been doing.

There was a written and pictorial complaints procedure displayed and each person's communication dictionary included details as to how they would let staff know if they were unhappy or worried if they did not communicate verbally. Two people told us they would speak with staff and the manager if they were worried about anything.

We reviewed the one complaint received in the last year. This had been investigated and feedback provided to the complainant. The learning from any complaints was a standard agenda item at staff meetings.

Good

Is the service well-led?

Our findings

Observations and feedback from people and staff showed the home had a person centred culture. One relative was positive about the management at the home and how well led the service was. However, they also fed back their concerns about the changes at the home following the change in 2012 from a small independent provider to a national provider. This related to additional people with differing needs moving in to the home and their view that the current provider had a business focus.

The registered manager was registered and responsible for managing two care homes in the local area. They spilt their time between to two care homes. There was a fulltime deputy manager and senior support workers at the home. Staff told us they felt valued and were listened to. We found, from staff records and from speaking with staff, they understood their roles and responsibilities.

The staff were committed to people and wanted to look at ways of improving people's lives. There were monthly staff meetings and the minutes were available to staff. Staff knew how to whistleblow and information was displayed.

People contributed to the day to day running of the home through 'Your voice meetings'. These meetings were held on a monthly basis and facilitated by staff. The minutes were produced supported by pictures and photographs to make it easier for people to understand. At these meeting people considered what was important to them and what was going to happen next. In addition, annual surveys were completed with people. We reviewed the results of the surveys and they were overall positive.

People who chose to be were involved in tasks around the home. For example, one person told us they completed the weekly health and safety checks on the home with staff.

There were arrangements in place to monitor the quality and safety of the service provided. These were a combination of full reviews of the service, finances and health and safety undertaken by the internal quality team for the provider. The registered manager sent us a copy of their action plan and they had taken action to meet any areas for improvement identified by the quality team. In addition, the manager and staff team undertook reviews of medication, infection control, housekeeping, health and safety, care plans, staff training, safeguarding, accidents and incidents. We saw that where any shortfalls were identified in these reviews actions were taken. Action had also been taken in response to the local authority contract monitoring team's visit to the home. We received positive feedback about the home from commissioners.

Information and good practice was being shared across the homes in the area by the managers at their monthly managers meetings.

The manager had produced an overall improvement plan that included actions from the internal audits, external contract monitoring and areas of improvement identified by people and the staff.

Unannounced evening, night time and weekend spot checks were undertaken by both the manager and

other managers in the area. Records of these visits were kept.

There were systems for monitoring any accidents or incidents. This included reviewing all accidents or incidents across the home on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. These accidents and incidents were also reviewed by the area manager and the wider organisation. This was to make sure appropriate action was taken in response to any incident and accidents. There was learning from safeguarding, accidents, incidents and complaints. The registered manager fed back at staff meetings any learning.

The registered manager kept their practice up to date by attending local professional forums and learning groups. The registered manager told us they led by example and had developed good relationships and communication with people's families. This was supported by the feedback we received from a relative.

The registered manager notified us of important events and incidents as required by the regulations.